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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333 Registered Agent/Office Statement of Change Nonprofit Corporation

1. Corporate ID							
2. Corporate Name							
3. Federal Tax ID							
4. Name and Street Address of the Registered Agent and Registered Office are							
Name							
Physical Address							
P.O. Box							
City, State, ZIP5, ZIP4							
5. New Registered Agent Name and Registered Office Address							
Physical Address							
P.O. Box							
City, State, ZIP5, ZIP4							
6. If agent has changed, mark appropriate box							
6A: The undersigned hereby accepts designation as registered agent for service of process							

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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333 Registered Agent/Office Statement of Change Nonprofit Corporation

	Signature of Re (Please keep writ						
OR	_						
	6B: Statement of written consent is attached, signed by the new registered agent						
7. The Corporation has been notified of the change of registered office.							
	Yes		No				
By:	Signature				(Please k	eep writing within blocks)	
	Printed Name				Title		

Filing Fee: \$10.00